

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | B | | 07-06-01 |
| O.I.P.E. CLASSIFIER | ASD | | 7/12/01 |
| FORMALITY REVIEW | BZ | 503-883 | 08-17-01 |
| RESPONSE FORMALITY REVIEW | ITC | 712 | 02-26-02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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 08/17/01

If more than 150 claims or 10 actions
staple additional sheet here

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